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Request For Continued Examination (RCE) Transmittal Address to: MS Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Application Number	10/613,745-Conf. #5618
	Filing Date	July 3, 2003
	First Named Inventor	Hideo Morimoto
	Art Unit	2858
	Examiner Name	A. K. Deb
	Attorney Docket Number	07700/036001

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.
Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application.

1. **Submission required under 37 CFR 1.114** Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment(s).

a. ☐ Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked.

i. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____

ii. ☐ Other _____

b. ☒ Enclosed

i. ☐ Amendment/Reply

iii. ☒ Information Disclosure Statement (IDS)

ii. ☐ Affidavit(s)/Declaration(s)

iv. ☐ Other _____

2. **Miscellaneous**

a. ☐ Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required)

b. ☐ Other _____

3. **Fees** The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.

a. ☐ The Director is hereby authorized to charge the following fees, any underpayment of fees, or credit any overpayments to Deposit Account No. _____. I have enclosed a duplicate copy of this sheet.

i. ☒ RCE fee required under 37 CFR 1.17(e)

ii. ☐ Extension of time fee (37 CFR 1.136 and 1.17)

iii. ☐ Other _____

b. ☐ Check in the amount of \$ _____ enclosed

c. ☒ Payment by credit card (Form PTO-2038 enclosed)

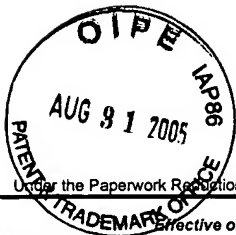
09/02/2005 MBIZUNES 00000098 10613745
01 FC:1801 790.00

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED			
Signature		Date	August 31, 2005
Name (Print/Type)	Jonathan P. Osha	Registration No.	33,986

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV736100804US, in an envelope addressed to: MS RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: August 31, 2005

Signature: (Beri W. Hartwell)



FEE TRANSMITTAL For FY 2005		Complete if Known	
		Application Number	10/613,745-Conf. #5618
		Filing Date	July 3, 2003
		First Named Inventor	Hideo Morimoto
		Examiner Name	A. K. Deb
		Art Unit	2858
		Attorney Docket No.	07700/036001
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT	(\$) 790.00		

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check	<input checked="" type="checkbox"/> Credit Card
<input type="checkbox"/> Money Order	<input type="checkbox"/> None
<input type="checkbox"/> Other (please identify):	
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: 50-0591 Deposit Account Name: Osha · Liang LLP
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
		<u>Small Entity</u>		<u>Small Entity</u>		<u>Small Entity</u>	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES							
						Small Entity	
						Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)						50	25
Each independent claim over 3 (including Reissues)						200	100
Multiple dependent claims						360	180
Total Claims		Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims		
- =		x	=		Fee (\$) Fee Paid (\$)		
Indep. Claims		Extra Claims	Fee (\$)	Fee Paid (\$)			
- =		x	=				
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets		Extra Sheets	Number of each additional 50 or fraction thereof		Fee (\$)	Fee Paid (\$)	
- 100 =		/50	(round up to a whole number) x		=		
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)						Fees Paid (\$)	
Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 ...						790.00	

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	33,986
Name (Print/Type)	Jonathan P. Osha	Telephone	(713) 228-8600
	THOMAS SCHERER	Date	August 31, 2005

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Dated: August 31, 2005	Signature: (Beri W. Hartwell)



Application No. (if known) 10/613,745

Attorney Docket No.: 07700/036001

Certificate of Express Mailing Under 37 CFR 1.10

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Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

on August 31, 2005
Date


Signature

Beri W. Hartwell

Typed or printed name of person signing Certificate

N/A

Registration Number, if applicable

(713) 228-8600

Telephone Number

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

Fee Transmittal (1 page)
Information Disclosure Statement (2 pages)
Request for Continued Examination Transmittal (1 page)
IDS (Citation-1 page) by Applicant (5 References)
Payment by credit card. Form PTO-2038 is attached (1 page)
Charge \$790.00 to credit card